

Fill in this information to identify your case:

Debtor 1	William Jack Moats	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of Maryland		
Case number (if known)	18-17149	

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 435,297.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 1,973.98
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 437,270.98

Part 2: Summarize Your Liabilities

	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 434,919.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 4,035.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ 10,706.00
	Your total liabilities
	\$ 449,660.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 3,772.46
Copy your combined monthly income from line 12 of <i>Schedule I</i>	
5. Schedule J: Your Expenses (Official Form 106J)	\$ 3,817.19
Copy your monthly expenses from line 22c of <i>Schedule J</i>	

William Jack Moats

Debtor 1

First Name Middle Name Last Name

18-17149

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	3,469.96
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9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 4,035.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 4,035.00

Fill in this information to identify your case and this filing:

Debtor 1	William Jack Moats	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer	
	First Name	Middle Name
United States Bankruptcy Court for the: District of Maryland		
Case number		18-17149

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 26782 Lynndale CT

Street address, if available, or other description

Mechanicsville MD 20659
City State ZIP Code

St. Mary's County

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the Current value of the entire property? portion you own?

\$ 435,297.00 \$ 435,297.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entireties

Check if this is community property

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Value per Zillow

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the Current value of the entire property? portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

w/M

ff

1. _____

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**Who has an interest in the property?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)**Other information you wish to add about this item, such as local property identification number:**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.  \$ 435,297.00**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1. Make: GrubModel: Utility TrailerYear: 1999

Approximate mileage: _____

Other information:

Condition:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ 100.00 \$ 100.00

 Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: BMWModel: 325Year: 1991Approximate mileage: 274947

Other information:

Condition: Poor; Needs repairs

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ 100.00 \$ 100.00

 Check if this is community property (see instructions)

WM

3.3 Make: Jeep
 Model: Wrangler
 Year: 1997
 Approximate mileage: 191867
 Other information:
 Condition: Poor; Does not run

3.4 Make: Izuzu
 Model: Rodeo
 Year: 2002
 Approximate mileage: 315367
 Other information:
 Condition: Poor; Does not run

3.5 Make: Chevrolet
 Model: Tahoe
 Year: 2003
 Approximate mileage: 298031
 Other information:
 Condition: Poor; Needs repairs

3.6 Make: Ford
 Model: Truck L
 Year: 1989
 Approximate mileage: 427408
 Other information:
 Condition: Poor; Does not run; needs repairs

3.7 Make: Ford
 Model: Mustang
 Year: 2004
 Approximate mileage: 240409
 Other information:
 Condition: Poor; Does not run; needs repairs

3.8 Make: Ford
 Model: Probe
 Year: 1995
 Approximate mileage: 144024
 Other information:
 Condition: Poor; Vehicle does not currently run

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 75.00 \$ 75.00

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 50.00 \$ 50.00

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 150.00 \$ 150.00

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 50.00 \$ 50.00

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 50.00 \$ 50.00

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$ 200.00 \$ 50.00

W/M

Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information: _____

Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Model: _____

Year: _____

Other information: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 625.00

WV

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Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

Queen bed, full bed, 2 dressers, stove, dishwasher, kitchen table, 2 televisions, refrigerator (owned tenancy by entireties)

Current value of the portion you own?

Do not deduct secured claims or exemptions.

\$ 750.00

7. Electronics*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

\$ 0.00

8. Collectibles of value*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

\$ 0.00

9. Equipment for sports and hobbies*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

\$ 0.00

10. Firearms*Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$ 0.00

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

Jeans, shorts, shirts, coats, shoes (D1 - \$100); jeans, shorts, shirts, dresses, shoes, coats, purses (D2 - \$150)

\$ 250.00

12. Jewelry*Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

\$ 0.00

13. Non-farm animals*Examples: Dogs, cats, birds, horses* No Yes. Describe.....

6 cats, 3 dogs

\$ 9.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

\$ 0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 1,009.00

W/

page 5 of 11

8

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....Cash: \$ 40.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	Cedar Point Credit Union	\$ <u>0.00</u>
17.2. Checking account:	Capital One	\$ <u>0.00</u>
17.3. Savings account:	\$ <u> </u>
17.4. Savings account:	\$ <u> </u>
17.5. Certificates of deposit:	\$ <u> </u>
17.6. Other financial account:	Bank of America (2015)	\$ <u>12.00</u>
17.7. Other financial account:	Bank of America (8101)	\$ <u>287.98</u>
17.8. Other financial account:	\$ <u> </u>
17.9. Other financial account:	\$ <u> </u>

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

.....	\$ <u> </u>
.....	\$ <u> </u>
.....	\$ <u> </u>

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity: % of ownership:

.....	% <u> </u>
.....	% <u> </u>
.....	% <u> </u>

W/M

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20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.

Issuer name:

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Institution name:

Type of account:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: _____

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

\$ _____

\$ _____

\$ _____

W/M

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24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them... _____

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them... _____

\$ 0.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them... _____

\$ 0.00

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:	\$ 0.00
State:	\$ 0.00
Local:	\$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.

Alimony:	\$ 0.00
Maintenance:	\$ 0.00
Support:	\$ 0.00
Divorce settlement:	\$ 0.00
Property settlement:	\$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.

\$ 0.00

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company

Company name:

Beneficiary:

Surrender or refund value:

_____	_____
_____	_____
_____	_____

\$ _____
\$ _____
\$ _____

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

_____	\$ 0.00
-------	---------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim.....

_____	\$ 0.00
-------	---------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.....

_____	\$ 0.00
-------	---------

35. Any financial assets you did not already list No Yes. Give specific information.....

_____	\$ 0.00
-------	---------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 339.98

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

_____	\$ _____
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W/M

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DP

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe

	\$ _____
--	----------

41. Inventory

 No Yes. Describe

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

 No Yes. Describe Name of entity:

% of ownership:

	_____ %	\$ _____
	_____ %	\$ _____
	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe

	\$ _____
--	----------

44. Any business-related property you did not already list

 No Yes. Give specific information

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



	\$ 0.00
--	---------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

48. Crops—either growing or harvested

 No Yes. Give specific information.....

		\$ _____
--	--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

		\$ _____
--	--	----------

50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

		\$ _____
--	--	----------

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

		\$ _____
--	--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

→	\$ 0.00
---	---------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

--	--

54. Add the dollar value of all of your entries from Part 7. Write that number here

→	\$ 0.00
---	---------

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$ 435,297.00

56. Part 2: Total vehicles, line 5 \$ 625.00

57. Part 3: Total personal and household items, line 15 \$ 1,009.00

58. Part 4: Total financial assets, line 36 \$ 339.98

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61..... \$ 1,973.98 Copy personal property total → + \$ 1,973.98

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$ 437,270.98

Fill in this information to identify your case:

Debtor 1	William Jack Moats	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer	
	First Name	Middle Name
United States Bankruptcy Court for the: District of Maryland		
Case number (if known)	18-17149	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 26782 Lynndale CT	Copy the value from <i>Schedule A/B</i> \$ 435,297.00	Check only one box for each exemption <input checked="" type="checkbox"/> \$ 11,660.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(5)
Line from <i>Schedule A/B</i> : 1.1 Brief description: 26782 Lynndale CT	\$ 435,297.00	<input checked="" type="checkbox"/> \$ 435,297.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Const. art. III § 43; 11 U.S.C. § 522 (b)(3)(B) except to Joint Unsecured Creditors & IRS
Line from <i>Schedule A/B</i> : 1.1 Brief description: 26782 Lynndale CT	\$ 435,297.00	<input checked="" type="checkbox"/> \$ 23,675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522 (b)(3)(B); Md. Code Ann. Cts & Jud. Proc 11-504(f)(1)(i)(2)
Line from <i>Schedule A/B</i> : 1.1			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor

William Jack Moats

First Name Middle Name Last Name

Case number (if known) 18-17149

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
1999 Grub Utility Trailer Brief description:	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.1 1991 BMW 325 Brief description:	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.2 1997 Jeep Wrangler Brief description:	\$ 75.00	<input checked="" type="checkbox"/> \$ 75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.3 2002 Izuzu Rodeo Brief description:	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.4 2003 Chevrolet Tahoe Brief description:	\$ 150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.5 1989 Ford Truck L Brief description:	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.6 2004 Ford Mustang Brief description:	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.7 1995 Ford Probe Brief description:	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Line from Schedule A/B: 3.8 Household goods - Queen bed, full bed, 2 dressers, stove, dishwasher, kitchen table, 2 televisions, refrigerator (owned tenancy by entirities) Brief description:	\$ 750.00	<input checked="" type="checkbox"/> \$ 750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)
Line from Schedule A/B: 6 Clothing - Jeans, shorts, shirts, coats, shoes (D1 - \$100); jeans, shorts, shirts, dresses, shoes, coats, purses (D2 - \$150) Brief description:	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)
Line from Schedule A/B: 11 Pets - 6 cats, 3 dogs Brief description:	\$ 9.00	<input checked="" type="checkbox"/> \$ 9.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)
Line from Schedule A/B: 13 Cash on hand (D1) (Cash On Hand) Brief description:	\$ 20.00	<input checked="" type="checkbox"/> \$ 20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(5)
Line from Schedule A/B: 16			

Debtor

William Jack Moats

Last Name _____

Case number (*if known*) 18-17149

Part 2: Additional Page

I in this information to identify your case:

Debtor 1	William Jack Moats		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)	18-17149		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Ocwen/Gmac

Describe the property that secures the claim:

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 0.00	\$ 0.00	\$ 0.00

Creditor's Name
Pob 780
Number Street

- \$ 0.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 8309

2.2 Seterus

Describe the property that secures the claim:

\$ 211,171.00 \$ 235,297.00 \$ 211,171.00

Creditor's Name
P.O. Box 1077
Number Street

26782 Lynndale Court - \$ 235,297.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 2804

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 211,171.00

Debtor 1 William Jack Moats
First Name Middle Name Last Name

Case number (if known) 18-17149

Part 1:	Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				
2.3	Suntrust	Describe the property that secures the claim: \$ 223,748.00 \$ 0.00 \$ 223,748.00			
<p>Creditor's Name 360 Interstate N Pkwy Ste 600</p> <p>Number Street</p> <p>Atlanta GA 30339-220</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 2003</p>		<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number 1729</p>			
		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____			
<p>Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>		<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number</p>			
		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____			
<p>Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>		<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number</p>			
<p>Add the dollar value of your entries in Column A on this page. Write that number here: \$ 223,748.00</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ 434,919.00</p>					

Fill in this information to identify your case:

Debtor 1	William Jack Moats	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer	
	First Name	Middle Name
United States Bankruptcy Court for the: District of Maryland		
Case number (If known)	18-17149	

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Internal Revenue Service

2.1

Priority Creditor's Name
PO Box 57

Number Street

Bensalem PA 19020
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$ 2,544.00 \$ 2,544.00 \$ 0.00

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

State of Maryland - Dept of Assessments

2.2

Priority Creditor's Name
301 W Preston St

Number Street

Baltimore MD 21202
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$ 1,491.00 \$ 1,491.00 \$ 0.00

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Debtor 1 William Jack Moats
 First Name Middle Name Last Name

18-17149
 Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

American Collections E

<p>4.1</p> <p>Nonpriority Creditor's Name 205 S Whiting St Ste 500 Number Street</p> <p>Alexandria VA 22304 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>Last 4 digits of account number 1240 \$ 50.00</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>
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<p>4.2</p> <p>Nonpriority Creditor's Name 205 S Whiting St Ste 500 Number Street</p> <p>Alexandria VA 22304 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0004 \$ 787.00</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>
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<p>4.3</p> <p>Nonpriority Creditor's Name Po Box 85520 Number Street</p> <p>Richmond VA 23285 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9522 \$ 0.00</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>
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Debtor 1

William Jack Moats

First Name Middle Name Last Name

18-17149

Case number (if known)

Part

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.4	Central Credit Service	Last 4 digits of account number	0134
	Nonpriority Creditor's Name 550 N Regency Square Blv	When was the debt incurred?	\$ 368.00 2017
	Number Street		
	Jacksonville	FL	32225
	City	State	ZIP Code
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.5	Children's National Medical Center	Last 4 digits of account number	\$ 0.00
	Nonpriority Creditor's Name P.O. Box 37214	When was the debt incurred?	
	Number Street		
	Baltimore	MD	21297
	City	State	ZIP Code
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.6	Congress Collection	Last 4 digits of account number	5674
	Nonpriority Creditor's Name 28552 Orchard Lake Rd	When was the debt incurred?	\$398.00 2013
	Number Street		
	Farmington	MI	48334
	City	State	ZIP Code
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

William Jack Moats

First Name Middle Name

Last Name

Case number (if known) 18-17149

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.7	<p>First Premier Bank</p> <p>Nonpriority Creditor's Name 601 S Minnesota Ave</p> <p>Number Street</p> <p>Sioux Falls SD 57104</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0132 \$ 437.00</p> <p>When was the debt incurred? 2013</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>
4.8	<p>Ford Motor Credit Company LLC</p> <p>Nonpriority Creditor's Name 1335 S CLEARVIEW AVE</p> <p>Number Street</p> <p>Mesa AZ 85208</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>
4.9	<p>Genesis HealthCare LaPlata Center</p> <p>Nonpriority Creditor's Name One Magnolia Drive</p> <p>Number Street</p> <p>La Plata 20646</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>

Debtor 1

William Jack Moats

First Name Middle Name

Last Name

18-17149

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.10 Genesis Healthcare Facility

Nonpriority Creditor's Name
 101 East State Street,
 Number Street

Last 4 digits of account number

Total claim

\$ 0.00

When was the debt incurred?

Kennett Square PA 19348
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

4.11 LVNV Funding, LLC

Nonpriority Creditor's Name
 1953 Gallows RD
 Number Street

Last 4 digits of account number

\$ 0.00

When was the debt incurred?

Vienna VA 22182
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

4.12 MED-STAR GEORGETOWN UNIVERSITY HOSPITAL

Nonpriority Creditor's Name
 3800 RESERVOIR RD
 Number Street

Last 4 digits of account number

\$ 0.00

When was the debt incurred?

Washington DC 20007
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1

William Jack Moats

First Name Middle Name

Last Name

18-17149

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.13	MedStar Health			Total claim
Nonpriority Creditor's Name 10980 Grantchester Way Number Street			Last 4 digits of account number	\$ 0.00
Columbia MD 21044 City State ZIP Code			When was the debt incurred?	
As of the date you file, the claim is: Check all that apply.				
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.14	Money One Federal Credit Union			\$ 0.00
Nonpriority Creditor's Name P.O. Box 6398 Number Street			Last 4 digits of account number	\$ 0.00
Largo MD 20792 City State ZIP Code			When was the debt incurred?	
As of the date you file, the claim is: Check all that apply.				
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.15	Rfcs/Suzu			5492
Nonpriority Creditor's Name 28552 Orchard Lake Rd Number Street			Last 4 digits of account number	\$ Unknown
Farmington MI 48334 City State ZIP Code			When was the debt incurred?	
As of the date you file, the claim is: Check all that apply.				
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

William Jack Moats

First Name Middle Name

Last Name

18-17149

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.16	Southern Maryland Oil	Total claim	
		Last 4 digits of account number	\$ 0.00
<p>Nonpriority Creditor's Name P.O box E</p> <p>Number Street</p> <p>La Plata MD 20646</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			
4.17	State Of Md/Ccu	Last 4 digits of account number 4578	\$ 3,273.00
<p>Nonpriority Creditor's Name 300 W Preston St Ste 503</p> <p>Number Street</p> <p>Baltimore MD 21201</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			
4.18	Transworld Sys Inc/51	Last 4 digits of account number 7464	\$ 1,151.00
<p>Nonpriority Creditor's Name 500 Virginia Dr Ste 514</p> <p>Number Street</p> <p>Ft Washington PA 19034</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			

Debtor 1

William Jack Moats

First Name Middle Name Last Name

18-17149

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.19 Transworld Sys Inc/51

Nonpriority Creditor's Name

500 Virginia Dr Ste 514

Number Street

Ft Washington PA 19034
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 5306

Total claim
\$ 2,936.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

4.20 Transworld Sys Inc/51

Nonpriority Creditor's Name

500 Virginia Dr Ste 514

Number Street

Ft Washington PA 19034
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8148

\$ 1,306.00

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

4.21 US BANK NATIONAL ASSOC. ND USBO1

Last 4 digits of account number

\$ 0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Subject to Statute of Limitations

Nonpriority Creditor's Name

9321 OLIVE BLVD.

Number Street

ST LOUIS MD 63132
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1

William Jack Moats

First Name Middle Name Last Name

Case number (if known) 18-17149

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.22	Universal Sports & Academics, INC	Total claim	
		Last 4 digits of account number	\$ 0.00
<p>Nonpriority Creditor's Name 109 Post Office Road</p> <p>Number Street STE D</p> <p>Waldorf MD 20602 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			
<p>4.23</p> <p>Verizon</p> <p>Nonpriority Creditor's Name National Recovery Operations P.O. Box 26055</p> <p>Number Street</p> <p>Minneapolis MN 55426 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Last 4 digits of account number 0004 \$ 0.00</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			
<p>4.24</p> <p>Whitt's Harley Davidson Sales, INC</p> <p>Nonpriority Creditor's Name 9321 Center St</p> <p>Number Street</p> <p>Manassas VA 20110 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Subject to Statute of Limitations</p>			

Debtor 1

William Jack Moats

First Name Middle Name Last Name

18-17149

Case number (if known)

3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bruce R Miller

Name

Peroutka, Miller, Klima & Peters P.A 8028 Ritchie Hwy

Number Street
Suite 300Pasadena MD 21122
City State ZIP Code

DIANA C THEOLOGOU

Name

SILVERMAN THEOLOGOU, LLP 11200 ROCKVILLE PIK

Number Street
#520N. Bethesda MD 20852
City State ZIP Code

Donald E Coulter

Name

ROBERT A HARRIS III 7900 SUDLEY ROAD,

Number Street
STE 608Manassas VA 20109
City State ZIP Code

John Lund Keller

Name

Keller & Keller P.O box 1010

Number Street

Waldorf MD 20604
City State ZIP Code

Jonathan W Bierer

Name

The Bierer Law Group P.O. Box 41667

Number Street

Baltimore MD 21203
City State ZIP Code

MICHAEL J KLIMA

Name

Peroutka, Miller, Klima & Peters, P.A. 8028 Ritchie Hwy:

Number Street
Suite 300Pasadena MD 21122
City State ZIP Code

Philip John Collins

Name

Protas, Spivok & Collins, LLC 4330 East West Highway

Number Street
Suite 900Bethesda MD 20814
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1

William Jack Moats

First Name Middle Name Last Name

18-17149

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Philip John Collins

Name

Protas, Spivok & Collins, LLC 4330 East West Highway

Number Street

Suite 900

20814

City State ZIP Code

Terry K Sullivan Esq.

Name

Holloway & Sullivan, LLC One North Charles Street

Number Street

Suite 2525

Baltimore MD 21201
City State ZIP Code

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1

William Jack Moats

First Name Middle Name

Last Name

Case number (if known) 18-17149

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

	Total claim
6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 4,035.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 4,035.00

Total claims from Part 2

	Total claim
6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 10,706.00

6j. Total. Add lines 6f through 6i.

6j. \$ 10,706.00

Fill in this information to identify your case:

Debtor	William Jack Moats		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Stella Louise Plumer		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the District of Maryland			
Case number (if known)	18-17149		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for		
2.1			
Name			
Street			
City	State	ZIP Code	
2.2			
Name			
Street			
City	State	ZIP Code	
2.3			
Name			
Street			
City	State	ZIP Code	
2.4			
Name			
Street			
City	State	ZIP Code	
2.5			
Name			
Street			
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1 William Jack Moats		
First Name	Middle Name	Last Name
Debtor 2 Stella Louise Plumer		
(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland		
Case number (If known) 18-17149		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____
 Street _____

City _____ State _____ ZIP Code _____

3.2

Name _____
 Street _____

City _____ State _____ ZIP Code _____

3.3

Name _____
 Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	William Jack Moats		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)	18-17149		

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Employment status**Debtor 1****Debtor 2 or non-filing spouse**

Employed
 Not employed

Employed
 Not employed

Include part-time, seasonal, or self-employed work.

Occupation

Assistant Store Manager

Occupation may include student or homemaker, if it applies.

Fisher Auto Parts Inc

Employer's name

PO Box 2246

Number Street

Number Street

Employer's address	PO Box 2246	Number Street
		Number Street
		Number Street

Staunton, VA 24402

City State ZIP Code

City State ZIP Code

How long employed there? 8 months

City State ZIP Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1**For Debtor 2 or non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,212.34

\$ _____

3. Estimate and list monthly overtime pay.

3. + \$ 427.31

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3,639.65

\$ _____

Debtor 1

William Jack Moats

First Name Middle Name Last Name

Case number (if known) 18-17149

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ 3,639.65	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 602.72	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 889.37	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: STD	5h. + \$ 23.23	+ \$ _____
LTD	\$ 20.37	\$ _____
	\$ 0.00	\$ _____
	\$ 0.00	\$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,535.69	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,103.96	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 0.00	\$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 1,668.50
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 1,668.50
10. Calculate monthly income. Add line 7 + line 9.	10. \$ 2,103.96	+ \$ 1,668.50 = \$ 3,772.46
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ 3,772.46	\$ 3,772.46
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	William Jack Moats	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Stella Louise Plumer	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland		(State)
Case number (If known)	18-17149	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

13

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses

4.	\$ 1,364.69
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 20.00
4d.	\$ 0.00

W.M. B

Debtor 1 William Jack Moats
 First Name Middle Name Last Name

Case number (*if known*) 18-17149

Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	\$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	\$ 537.50
6b. Water, sewer, garbage collection	\$ 30.00
6c. Telephone, cell phone, Internet, satellite, and cable services	\$ 590.00
6d. Other. Specify: _____	\$ 0.00
7. Food and housekeeping supplies	
7.	\$ 850.00
8. Childcare and children's education costs	
8.	\$ 0.00
9. Clothing, laundry, and dry cleaning	
9.	\$ 0.00
10. Personal care products and services	
10.	\$ 0.00
11. Medical and dental expenses	
11.	\$ 100.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	
12.	\$ 200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
13.	\$ 0.00
14. Charitable contributions and religious donations	
14.	\$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	\$ 0.00
15b. Health insurance	\$ 0.00
15c. Vehicle insurance	\$ 125.00
15d. Other insurance. Specify: _____	\$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
16.	\$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	\$ 0.00
17b. Car payments for Vehicle 2	\$ 0.00
17c. Other. Specify: _____	\$ 0.00
17d. Other. Specify: _____	\$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
18.	\$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	
19.	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	\$ 0.00
20b. Real estate taxes	\$ 0.00
20c. Property, homeowner's, or renter's insurance	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	\$ 0.00
20e. Homeowner's association or condominium dues	\$ 0.00

Debtor 1 William Jack Moats
 First Name Middle Name Last Name

18-17149
 Case number (if known)

21. Other. Specify: _____

21. +\$ _____ 0.00
 +\$ _____
 +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____ 3,817.19

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____
 22c. \$ _____ 3,817.19

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____ 3,772.46

23b. Copy your monthly expenses from line 22c above.

23b. - \$ _____ 3,817.19

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ _____ -44.73

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: _____

Fill in this information to identify your case:

Debtor 1	William Jack Moats	
	First Name	Middle Name
Debtor 2	Stella Louise Plumer	
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the District of Maryland		
Case number	18-17149	
(If known)		

Check if this is an amended filing

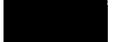
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

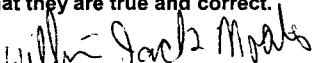
 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


X /s/ William Jack Moats

Signature of Debtor 1

Date 06/07/2018 06/12/2018
MM / DD / YYYY


X /s/ Stella Louise Plumer

Signature of Debtor 2

Date 06/07/2018 6/12/2018
MM / DD / YYYY